

# FORM B-1

Commercial Vehicle Section – (404) 362-6484 Fax# (404) 363-7587

## UNIFORM APPLICATION FOR REGISTRATION AND IDENTIFICATION OF VEHICLES OPERATED EXEMPT FROM ECONOMIC JURISDICTION OF THE FMCSA

MAIL TO:

Department of Motor Vehicle Safety  
Motor Vehicle Section  
Post Office Box 161227  
Atlanta, GA 30321

MCA FILE NO.:

Date: \_\_\_\_\_

Phone No. \_\_\_\_\_

The described applicant hereby applies for the issuance of identification stamp(s) in the following number for the registration and identification of the vehicles which the applicant intends to operate within the borders of this State during the period for which such identification stamp(s) is effective.

Vehicles operating under exemptions in Section 13506 of the Interstate Commerce Act

### 2002 Vehicle Identification Stamps

\_\_\_\_\_  
NO. OF \$5.00  
STAMPS ORDERED

\$5.00 Vehicle Identification Stamp (for use in identifying and registering  
ALL vehicles to be operated purely in interstate commerce in Georgia).  
(ALLOW 3 TO 4 WEEKS FOR DELIVERY)

\$ \_\_\_\_\_  
FEE ENCLOSED

NOTE: ONLY CERTIFIED CHECKS, CASHIER'S CHECKS OR MONEY ORDERS  
MADE PAYABLE TO: DEPARTMENT OF MOTOR VEHICLE SAFETY WILL BE  
ACCEPTED. COMPANY OR PERSONAL CHECKS WILL NOT BE ACCEPTED

The applicant shall not knowingly permit any other person or organization to use the identification stamp(s) issued or assigned pursuant to this application. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (Federal penalties maximum of \$10,000 fine or imprisonment for five years, or both, 18 U.S. Code 1001, State penalties as provided by law.) I hereby certify knowledge of applicable Federal and State motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance with such requirement.

\_\_\_\_\_  
Applicant/Carrier

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

.....  
IF YOU HAVE A PRINCIPLE ADDRESS AND A DIFFERENT MAILING ADDRESS, PLEASE ADVISE OF BOTH.

PLEASE FILL IN PORTION BELOW FOR RETURN MAIL  
(PRINT OR TYPE ONLY)

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_